

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/10/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155003		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/15/2011	
NAME OF PROVIDER OR SUPPLIER  MASON HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 900 PROVIDENT DR WARSAW, IN46580			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00093235.</p> <p>Complaint IN00093235: Substantiated, Federal/State deficiencies related to the allegations cited at F 225 and F 226.</p> <p>Survey dates: 7/14-15/11</p> <p>Facility number: 000003 Provider number: 155003 AIM number: 100290600</p> <p>Survey team: Ellen Ruppel, RN TC Honey Kuhn, RN</p> <p>Census bed type: SNF: 3 SNF/NF: 87 Total: 90</p> <p>Census payor type: Medicare: 20 Medicaid: 55 Other: 15 Total: 90</p> <p>Sample: 4</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC</p>			F0000	<p>July 31, 2011 Mrs. Kim Rhoades, DirectorLong Term Care DivisionIndiana State Department of Health2 N. Meridian StreetIndianapolis, IN 46204 Re: Mason Health Care Provider Number: 155003Survey Dates: July 14-July 15, 2011 Dear Mrs. Rhoades: Enclosed please find our completed plan of correction responding to the survey conducted at our facility ending 7/15/11 and the 2567 dated 7/15/11. All POC measures have been or will be fully implemented by July 31, 2011. Mason Health Care respectfully asks that our plan of correction be considered to serve as our allegation of compliance for the cited tags F225 and F226, as of that date. I ask that the cited tags be cleared through the desk/paper review process. As noted on the plan of correction, the POC should not be construed as an admission as to the validity of any of the citations. Please be assured, however, that although the facility disagrees with the citations, we have considered the survey concerns very seriously and have undertaken the necessary measures to ensure findings of compliance as of July 31, 2011. Quality monitoring and in-services will be provided on a continuing basis to assure an ongoing understanding and implementation of policies and</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	16.2.  Quality review completed 7/18/11 Cathy Emswiller RN				procedures to ensure continued compliance. Please contact me with any questions or concerns you may have. Thank you in advance for your cooperation and assistance in this matter. Sincerely, Lillian J. Horton HFA, MPAA Administrator Mason Health Care900 Provident DriveWarsaw, IN 46580574-371-2500		

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F0225 SS=E	<p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interviews, the facility failed to ensure all reported allegations of abuse and neglect from staff members were investigated and reported to the state agency as regulations and the</p>			F0225	1.) Facility Disclaimer 2.) Credible Allegation of Substantial Compliance This Plan of Correction (POC) is prepared and executed because it is required by the provisions of State and		07/31/2011

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	<p>facility policy indicated. This deficiency potentially related to 23 of 27 residents on 1 of 4 halls in a census of 90 in the facility. (The 300 hall)</p> <p>Findings include:</p> <p>During an interview with the Administrator and Corporate Nurse, on 7/14/11 at 11:00 a.m., they indicated an employee Certified Nursing Assistant (CNA) #20 had written the corporate hot line a letter indicating the Restorative Nurse (LPN#8) had told an aide to "force feed" a dependent resident who later died. The allegations also included lack of care by aides, leaving resident soiled and without hygiene for the mouth. Included in the allegation were concerns regarding the Social Worker holding a resident so the nurse could administer medication and an unlicensed staff member doing nursing care.</p> <p>Review of the facility census form, dated 7/14/2011, and provided by the Administrator, on 7/14/11 at 9:45 a.m., indicated the 300 hall of the facility housed 27 of the total 90 residents. 23 of the 27 were designated as cognitively impaired.</p> <p>When queried, on 7/14/11 at 11:00 a.m., about the date the allegations had been</p>			<p>Federal Law, and not because Mason Health Care agrees with the allegations contained there-in. Mason Health Care maintains that each deficiency does not jeopardize the health and safety of the residents, nor is it of such character as to limit our capability to render adequate care. Please let these POC responses serve as the facilities Credible Allegation of Compliance 7/31/11. <i>We ask that the cited tags be cleared through the desk/paper review process. F225 Investigate/Report</i></p> <p><i>Allegations/Individuals</i> This plan of correction is prepared and executed because the provisions of State and Federal law require it and not because Mason Health Care agrees with the allegations made in the cited deficiencies. The facility maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. It is facility practice to not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law, or have had a finding entered in the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law</p>			

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	<p>received by the facility, the Administrator and Corporate Nurse indicated "sometime last week." The specific date the corporate hot line was contacted by the former employee and facility was notified were not disclosed by the Administrator or Corporate Nurse. The exact date the investigation was begun was not indicated.</p> <p>When queried about reporting the allegations to the State Survey Agency, the Administrator indicated no report had been sent. She indicated the investigation was in process and she had started the reporting process, but had not sent it to the State Survey Agency as of 7/14/11.</p> <p>Review of an employee interview form, dated 7/6/11, and provided by the Corporate Nurse, on 7/15/11 at 9:00 a.m., the form indicated the interview had been conducted on 7/6/11. This indicated the facility was aware of the allegations a week prior to the survey visit.</p> <p>Review of the facility policy regarding abuse reporting, provided by the Administrator on 7/14/11 at 10:00 a.m., indicated the policy had been in effect since 10/2005. The policy indicated, in part: "8. the facility will ensure that all allegations of mistreatment, neglect or abuse, including injuries of unknown</p>			<p>against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. It is facility practice to ensure that all alleged violations involving mistreatment, neglect, or abuse including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). It is facility practice to ensure that all alleged violations are thoroughly investigated, and to prevent further potential abuse while the investigation is in progress. It is facility practice to ensure that the results of all investigations are reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) with 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. <i>We ask that this cited tag be cleared through the desk/paper review process.</i> 1. Cited Residents: Corrective action cannot be taken due to the alleged deficiency occurred in the past. Investigation by the facility did not substantiate the alleged</p>			

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F0226 SS=E	<p>source, are reported immediately to the Administrator or other officials in accordance with state law though established procedures. The Administrator shall notify ISDH in accordance with ISDH Guidelines." This had not been done.</p> <p>This federal tag relates to Complaint IN00093235</p> <p>3.1-28(a) 3.1-28(c) 3.1-28(d) 3.1-28(e)</p>		F0226	<p>violations. Investigation by the survey team on 7/14/11 and 7/15/11 did not substantiate the alleged violations. 2. Other Residents: All residents have the potential to be effected by the alleged deficiency. 3. Recurrence: All staff will be reinserviced on Abuse and Neglect reporting. Management staff and licensed nursing staff will be reinserviced on Abuse and Neglect Investigation. 4. Monitoring: The Administrator/Director of Nursing, or designee, will monitor employees and residents 5x/wk x 6wk, then 3x/wk x 3wk, then weekly to ensure resident/employee concerns are investigated/reported per policy. The Administrator/Director of Nursing, or designee, will report findings to the QA Committee monthly x 6mon and quarterly thereafter.5. Date: 7/31/11.</p>		07/31/2011	
	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interviews, the facility failed to report allegations of abuse and neglect from staff members to the state agency as regulations and the facility policy indicated. This deficiency potentially related to 23 of 27 residents on 1 of 4 halls in a census of 90 in the facility. (The 300 hall)</p>			<p>1.) Facility Disclaimer 2.) Credible Allegation of Substantial Compliance This Plan of Correction (POC) is prepared and executed because it is required by the provisions of State and Federal Law, and not because Mason Health Care agrees with the allegations contained there-in. Mason Health Care maintains that each deficiency does not jeopardize the health</p>			

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	<p>Findings include:</p> <p>During an interview with the Administrator and Corporate Nurse, on 7/14/11 at 11:00 a.m., they indicated an employee Certified Nursing Assistant (CNA) #20 had written the corporate hot line a letter indicating the Restorative Nurse (LPN#8) had told an aide to "force feed" a dependent resident who later died. The allegations also included lack of care by aides, leaving resident soiled and without hygiene for the mouth. Included in the allegation were concerns regarding the Social Worker holding a resident so the nurse could administer medication and an unlicensed staff member doing nursing care.</p> <p>Review of the facility census form, dated 7/14/2011, and provided by the Administrator, on 7/14/11 at 9:45 a.m., indicated the 300 hall of the facility housed 27 of the total 90 residents. 23 of the 27 were designated as cognitively impaired.</p> <p>When queried, on 7/14/11 at 11:00 a.m., about the date the allegations had been received by the facility, the Administrator and Corporate Nurse indicated "sometime last week."</p> <p>When queried about reporting the allegations to the State Survey Agency,</p>				<p>and safety of the residents, nor is it of such character as to limit our capability to render adequate care. Please let these POC responses serve as the facilities Credible Allegation of Compliance 7/31/11. <i>We ask that the cited tags be cleared through the desk/paper review process.</i> F226 Develop/Implement Abuse/Neglect, etc Policies This plan of correction is prepared and executed because the provisions of State and Federal law require it and not because Mason Health Care agrees with the allegations made in the cited deficiencies. The facility maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. It is facility practice to develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. <i>We ask that this cited tag be cleared through the desk/paper review process.</i> 1. Cited Residents: Corrective action cannot be taken due to the alleged deficiency occurred in the past. Investigation by the facility did not substantiate the alleged violations. Investigation by the survey team on 7/14/11 and 7/15/11 did not substantiate the alleged violations. 2. Other</p>		

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	<p>the Administrator indicated no report had been sent. She indicated the investigation was in process and she had started the reporting process, but had not sent it to the State Survey Agency as of 7/14/11.</p> <p>Review of an employee interview form, dated 7/6/11, and provided by the Corporate Nurse, on 7/15/11 at 9:00 a.m., the form indicated the interview had been conducted on 7/6/11. This indicated the facility was aware of the allegations a week prior to the survey visit.</p> <p>Review of the facility policy regarding abuse reporting, provided by the Administrator on 7/14/11 at 10:00 a.m., indicated the policy had been in effect since 10/2005. The policy indicated, in part: "8. the facility will ensure that all allegations of mistreatment, neglect or abuse, including injuries of unknown source, are reported immediately to the Administrator or other officials in accordance with state law though established procedures. The Administrator shall notify ISDH in accordance with ISDH Guidelines." This had not been done.</p> <p>This federal tag relates to Complaint IN00093235</p> <p>3.1-28(a)</p>				<p>Residents: All residents have the potential to be effected by the alleged deficiency. 3.</p> <p>Recurrence: All staff will be reinserviced on Abuse and Neglect reporting. Management staff and licensed nursing staff will be reinserviced on Abuse and Neglect Investigation 4.</p> <p>Monitoring: The Administrator/Director of Nursing, or designee, will monitor employees and residents 5x/wk x 6wk, then 3x/wk x 3wk, then weekly to ensure resident/employee concerns are investigated/reported per policy. The Administrator/Director of Nursing, or designee, will report findings to the QA Committee monthly x 6mon and quarterly thereafter. 5. Date: 7/31/11.</p>		



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